

# Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE:     ☒ NEW POSITION     ☐ EXISTING POSITION

**Part 1 - Items 1 through 12 to be completed by department head or personnel office.**

1. Agency Name Dept. for Children and Family		9. Position No.	10. Budget Program Number		Agency Number
2. Employee Name (leave blank if position vacant)			11. Present Class Title (if existing position)		
3. Division Information Technology Services			12. Proposed Class Title Public Service Administrator II		
4. Section Information Technology Services		For  Use  By  Personnel  Office	13. Allocation		
5. Unit KEES Project			14. Effective Date		Position Number
6. Location (address where employee works) KEES, 534 S Kansas City: Topeka                      County: Shawnee			15. By	Approved	
7. (circle appropriate time) Full time     X     Perm.                      Inter. Part time                      Temp.     X                      %		16. Audit Date:                      By: Date:                      By:			
8. Regular hours of work: (circle appropriate time) FROM:     8   AM/PM     To:     5   AM/PM		17. Audit Date:                      By: Date:                      By:			

**PART II - To be completed by department head, personnel office or supervisor of the position.**

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

**Name** Julie Waddle                      **Title** Management Analyst II                      **Position Number** K0220708

Who evaluates the work of an incumbent in this position?

**Name** Julie Waddle                      **Title** Management Analyst II                      **Position Number** K0220708

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

This position is given significant latitude in completing the work. Weekly and as needed consultation from supervisor to guide activities, however day to day work is scheduled by the employee and mostly self-directed.

---

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

**What** is the action being done (use an action verb); **to whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

**Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task.** Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	
50%	E	Resource Agent will act as the day to day coordinator of KEES project readiness activities in the Region. Liaisons between the Project and Region staff providing a single point of contact for critical communication to and from the project. Coordinates local change agent efforts, support the local change agents in their work and provide facilitated communication between the local change agents and the central Enterprise Readiness team. Coordinate change management activities in the assigned region; make recommendation for areas of concentration, strategies and promote the positive changes to work flow as a result of the KEES Information System. Monitor readiness at a regional level.
20%	E	Assists the training team to coordinate training and provide general assistance to track the status of training completion in order to assure readiness. Review training materials, provide comments and if necessary, assist training staff in delivery of materials. Helps provide analysis of staff readiness in order to make go-no go decisions.
20%	E	Recruit staff to fill local change agent roles in the region. Provide logistics and administration support for training and change agent activities within assigned regional area. Coordinate local training and meeting sites for training and change agent activities with central Enterprise Readiness team.
5%	E	Assist vendor in the analysis of current work process within the assigned region. Coordinate any interviews with local staff and vendor. Participate in documenting of functional differences and revised business process and gaps. Monitor readiness at a regional level, conducting readiness reviews and 90, 60 and 30 days prior to go-live, and weekly during the month prior to deployment.
5%	E	Perform other duties as assigned.

---

22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:

- ( ) Lead worker assigns, trains, schedules, oversees, or reviews work of others.  
( ) Plans, staffs, evaluates, and directs work of employees of a work unit.  
( ) Delegates authority to carry out work of a unit to subordinate supervisors or managers.

b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Name	Title	Position Number
------	-------	-----------------

---

23. Which statement best describes the results of error in action or decision of this employee?

- ( x ) Minimal property damage, minor injury, minor disruption of the flow of work.  
( ) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.  
( ) Major program failure, major property loss, or serious injury or incapacitation.  
( ) Loss of life, disruption of operations of a major agency.

Please give examples.

---

24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

The employee will communicate internally only. The role of the liaison will require them to provide project information to Regional Leadership but most interaction will be with Region line staff and supervisors.

---

25. What hazards, risks or discomforts exist on the job or in the work environment?

Some travel and overnight stays may be required to cover the needs of the Region.

---

26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

Laptop, cell phone, scanning equipment.

---

**PART III - To be completed by the department head or personnel office**

---

27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education – High School

---

Education or Training - special or professional

---

Licenses, certificates and registrations

Valid driver's license

---

Special knowledge, skills and abilities

---

Experience - length in years and kind

---

**28. SPECIAL QUALIFICATIONS**

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Knowledge of the DCF Region for which the employee will be responsible, minimum 2 years' experience in medical and/or human service eligibility determination and/or training.

---

---

Signature of Employee

Date

---

Signature of Personnel Official

Date

**Approved:**

---

Signature of Supervisor

Date

---

Signature of Agency Head or  
Appointing Authority

Date